Trip Report
The Global Drug Facility Mission to Tajikistan and Trip to Kazakhstan

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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CONTENTS

ACRONYMS

AGF	Aga Khan Foundation
BIF	Benevolence International Foundation
CDC	Centers for Disease Control
CTBC	Central Tuberculosis Center
DMIS	Drug Management Information System
DOTS	Directly Observed Treatment Short-course
EU	European Union
GDF	Global Drug Facility
GOT	Government of Tajikistan
GOU	Government of Uzbekistan
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
NTP	National Tuberculosis Program
PHC	Primary Health Care
PSF	Pharmacists Sans Frontieres
RTBC	Republican Tuberculosis Center
TB	Tuberculosis
WFP	World Food Program
WHO	World Health Organization

BACKGROUND

In March 2000, the Stop TB Initiative convened a Ministerial Conference on "Tuberculosis and Sustainable Development" for representatives from 20 countries comprising 80% of the global TB burden. The resulting Amsterdam Declaration to Stop TB called for the establishment of a Global Fund for Tuberculosis (Global Drug Facility, GDF) to mobilize new additional resources to support "new international approaches towards ensuring universal access to, and efficient national systems of, procurement and distribution of tuberculosis drugs." The GDF will expand access to, and availability of, high quality TB drugs and will thereby facilitate DOTS expansion. The USAID endorsed establishment of the GDF and actively participated in its development.

The USAID/Global Bureau allocated funds to RPM Plus to provide technical leadership in TB drug management to the USAID international TB partners and Global TB Initiatives. This followed previous technical assistance to countries and donors in TB drug management done under the predecessor project, RPM.

Tajikistan was among the first countries that applied for assistance from the GDF in obtaining the TB drugs for DOTS expansion. RPM Plus was requested to participate on the GDF team to provide assistance to the GDF Working Group in gathering the drug management information necessary to confirm the material presented by Tajikistan in the Application.

Purpose of Trip

The purpose of the trip to Central Asia was twofold:

In Tajikistan:

- Brief select government and other stakeholders on the role of the GDF
- Explain the implications of a GDF grant
- Confirm fulfilment of the conditions for GDF support
- Confirm information provided in the GDF application form and ask for clarification where necessary
- Assist Tajikistan to fulfil conditions, including development of a plan of action, if necessary

In Kazakhstan:

- Discuss with the USAID/Almaty potential for the RPM Plus technical assistance to countries of the region in addressing health commodities management issues, in particular those related to tuberculosis

Scope of Work

The scope of work for Andrey Zagorskiy and Marina Semenchenko is—

- Provide expertise in TB drug management issues to the GDF team and Tajikistan counterparts
- Meet with representatives of the Ministry of Health of Tajikistan, Ministry of Finance, including customs and excise, Drug Regulatory Agency, and key technical agencies involved in management of TB drugs
- Collect information required for confirmation of Tajikistan compliance with the GDF conditions of support
- Contribute to the GDF team report as requested
- Brief the USAID/Dushanbe on the GDF mission goals and future potential RPM Plus assistance to the Tajikistan National Tuberculosis Program (NTP)
- Brief the USAID/Almaty mission in Almaty on potential for RPM Plus technical assistance to countries of the region in addressing health commodities management issues, in particular those related to tuberculosis
- Discuss potential collaboration with the donors and organizations involved in TB issues in the CAR

ACTIVITIES

1. Provide expertise in TB drug management issues to the GDF team and Tajikistan counterparts

The GDF team was initially comprised of Ian Smith, GDF/Stop TB; Andrey Zagorskiy and Marina Semenchenko, both MSH/RPM Plus, and Dr. G. Tsogt, the WHO representative in CAR. However, Dr. Ian Smith could not participate in the mission and RPM Plus was asked by the GDF to take the lead.

RPM Plus followed the Guidelines for GDF Country Visits and planned its activities and meetings in Tajikistan so that the purpose of the visit was met. The team briefed the MOH and other stakeholders on the role of GDF, explained the implications of the GDF grant, confirmed fulfillment of the GDF conditions, and confirmed the information provided to the GDF application form.

In Tajikistan, the team was joined by Debra El Anani, the Project HOPE CAR TB Program Director. During the 2001-2003 Project HOPE will be implementing three DOTS pilots in Tajikistan that will utilize the GDF drugs. RPM Plus assisted project HOPE and NTP in selecting the pilot sites, identifying storage places for the GDF drugs, and designing a distribution plan.

2. Meetings with MOH and key technical agencies involved in management of TB in Tajikistan

The mission took place from May 22nd to May 29th 2001. The visit included meetings with Tajikistan key agencies and specialists involved in management of TB programs, including the MOH, NTP, National Customs Committee, and State Scientific Center for Drug Registration.

In addition site visits were made to the Republican TB Center, Dushanbe City TB Center, Children TB Center, Macheton TB hospital, Leninski Rayon TB Center, airport customs warehouse, Central Medical Store, in order to understand the current drug distribution and ordering system being used in these areas. All organizations and experts met were fully briefed on the implications of GDF support.

The GDF team also met with international donors currently involved, or planning to be involved in TB activities, including the WHO, International Red Cross Foundation, MERLIN, Agha Khan Foundation, ECHO, Benevolence International Fund (BIF), and the World Bank. Donor activity is described in the respective section of the GDF report in Annex 1.

3. Collecting information required for confirmation of Tajikistan compliance with the GDF conditions of support

The conditions for the GDF support to Tajikistan were as follows—

- Country has been requested to prepare a multi-year plan for TB control, which includes DOTS expansion
- Co-financing and technical co-operation is available for non-drug aspects of the multi year plan, from other donors/govt.
- GDF support will not replace funds from existing programs
- Responsibility for the drugs beyond the delivery point, i.e. the international port(s), is for the country
- GDF drugs will be provided free to patients
- GDF drugs will be expeditiously registered
- Government agrees to independent assessments of the TB program
- Government will increase/maintain budgets for TB control
- Country uses products from the WHO Essential Drugs List
- Regimens follow WHO/IUATLD guidelines
- Clarify and recalculate drugs requirements based on realistic assessment of number of cases to be treated under DOTS, and most suitable regimen based on drug resistance patterns
- Drugs to be used in DOTS areas only
- Confirmation of free drug provision
- Confirmation of other donor support for non-drug costs of DOTS expansion
- Confirm that registration requirements for GDF drugs will be expedited

The GDF provided the team with *Guidelines for GDF Country Visits* which contains data collection tool in form of a questionnaire (see Annex 2). Information was collected during the interviews with key experts and agents involved in tuberculosis. The team also relied on expertise of the WHO/Dushanbe office, and Project HOPE TB Program Director who visited Tajikistan previously and was involved in assisting the MOH draft the GDF application.

4. Contribute to the GDF team report as requested

In absence of the GDF representative on the survey team, RPM Plus consultants Andrey Zagorskiy and Marina Semenchenko were asked to take the lead in conducting the survey and writing the final report. The report followed the GDF template. The draft was submitted to the GDF immediately upon completion of the visit on May 30, 2001.

- The report consists of the following parts:
- Part One: Current Drug Supply System for TB Drugs and Options for the Distribution of the GDF Drugs
- Part Two: Lessons Learned in Relation to the GDF Terms and Conditions of Support
- Part Three: Amount of Drugs to Be Supplied and Delivered (contributed by Dr. G. Tsogt, the WHO/CAR Regional Advisor)
- Part Four: Recommendations to MOH, NTP, WHO, and GDF

The report was edited and finalized by the GDF in Geneva (see Annex 1)

5. Brief the USAID/Dushanbe on the GDF mission goals and future potential RPM Plus assistance to the Tajikistan National Tuberculosis Program (NTP)

The team met with Dr. Abdurahim M. Muhidov, project manager at USAID/Dushanbe. The team briefed Dr. Muhidov on goals and implications of the GDF assistance to Tajikistan and potential impact of this assistance on implementation of DOTS pilots by the USAID-funded Project HOPE. With the GDF drugs Project HOPE reallocated funds initially set for TB drug procurement for non-drug program expenditures, including provision of laboratory equipment and expendables, and training of personnel.

Dr. Muhidov spoke about difficulties the country faces in implementation of health reforms, the main being lack of local funds for health, and volatile political situation on the verge of civil war which prevents international donors and investors from working in the country.

Dr. Muhidov voiced concern about the MOH suggestion to use the Macheton Republican TB hospital in Kofarnigon Rayon as Project HOPE DOTS pilot and recipient of the GDF TB drugs. He described the security and political issues surrounding the rayon, and expressed concern that drugs could be distributed properly and reach the DOTS patients. Following the recommendation from the mission, Project HOPE with assistance from the GDF team identified and visited another potential DOTS site in Leninski rayon.

The team also discussed potential assistance from RPM Plus in developing local capacity in monitoring distribution of the GDF drugs and, in perspective, assistance to MOH in centralized purchases of TB drugs .

6. Brief the USAID/Almaty mission in Almaty on potential for RPM Plus technical assistance to countries of the region in addressing health commodities management issues, in particular those related to tuberculosis

The GDF/RPM Plus team visited Almaty to meet with the USAID/CAR and potential partners involved in TB activities in Central Asia. The team briefed USAID/CAR on the GDF mission and implications of the GDF grants for the USAID-funded projects, national TB programs, and NGOs that are implementing, or planning to implement DOTS program in the region.

The team shared findings from the Tajikistan survey of TB drug management system, and identified the following areas of concern:

- With the economic collapse and decentralization of public health, the country lacks drug distribution system, which is currently fragmented, understaffed, and, anecdotally, corrupt. The available stores at the TB centers require renovations and staff lacks capacity in inventory management

- Pharmaceutical control system does not exist in the country. This results is inundation of unregistered drugs of doubtful quality on the market

- All first-line TB drugs are available to patients in retail pharmacies that are often commercial branches of public pharmacies

- A legal competitive TB drug market does not exist. There are not enough suppliers on the market to create competition and lower the prices

- It is of concern that there are no pharmacists or pharmacy technicians in the surveyed TB centers and medical stores

- It is not clear how the GDF drugs will be transported between stores and facilities. TB Centers, hospitals and polyclinics used to have their own trucks and cars, but not any more. The MOH Deputy Minister assured the team that the Ministry could provide their own cars to transport the GDF drugs. This, however, does not seem to be a reliable source for transportation that should be regular and available at any time. The DOTS program implementer at the pilot sites, Project HOPE, does not have funds allocated for transportation of drugs. Project HOPE will assist in moving drugs from the customs warehouse to TB Centers, but cannot take the responsibility for regular deliveries

- Repackaging of the GDF drugs into “patient kits” may require more effort than the NTP envisions. The TB Centers also do not have funds to purchase packaging materials (ziplock bags, boxes, etc.)

- The distribution of humanitarian aid is monitored and reported to the MOH. However, the NTP lacks capacity and legal right to demand data from TB Centers on availability, stock levels, and use of drugs procured through local funds

- There is a concern about GDF bringing 100% buffer into a country that previously had such low levels. The drugs may be used outside DOTS pilots.

- The pilot hospital in Leninski raion is currently in a very poor condition due to damages during the civil war and lack of funds. There is a severe lack of food for patients (there was no food at the day of the visit). Electric power is available only during night hours, and one hour during daytime. There is no sewage and running water. The facility is understaffed because of the migration during the civil war and low salaries.

- The MOH currently does not have funds to expand DOTS program. The available donor support is limited to the Project HOPE DOTS implementation and expansion to four more raions by year 2004.

- As was indicated by the Deputy Head of the State Scientific Center of Drugs Expertise and Certification, provisional registration of the GDF drugs may be complicated if the GDF shipment contains TB drugs manufactured in India, Pakistan, or Syria. In this case drugs will need to go through standard registration procedure which takes up to 6 months and requires clinical trials and bioavailability tests.

The USAID/CAR then shared their view of TB drug management issues in the region and potential role for RPM Plus in addressing those issues.

Tajikistan

The current mission funding of activities in Tajikistan is fairly limited. However, action should be taken in order to ensure that the GDF drugs reach patients in DOTS pilots. The GDF drugs, as was recommended by the survey team, will arrive in Tajikistan in November 2001. This will give time to Project HOPE and WHO to train personnel at pilot sites and provide necessary laboratory and monitoring equipment.

RPM Plus is expected to provide assistance in building local capacity to store and distribute the GDF drugs properly, and to monitor their use.

Kyrgyzstan

The German Government through the KfW will cover TB drugs for the entire republic for the period of 2004. These drugs will be purchased in Germany and will meet the international quality standards. German aid would thus help solve problems with availability of the first line TB drugs. Kyrgyz MOH is planning to require KfW purchase also the second line TB drugs. It is not clear at this point if the country has capacity to distribute and use the second-line TB correctly. An assessment of TB drug management may be required in future.

Turkmenistan

Turkmenistan's Ministry of Health and Medical Industries has requested technical assistance in TB drug purchasing through tenders. The Government of Turkmenistan is planning to expand DOTS to the following Vellayats (provinces):

- Ashgabat Vellayat—expansion outside Ashgabat city to be made soon
- Doshuguz—will be covered by MSF
- Mary—will be covered with Ajanta Pharma (India) TB drugs
- Turkmenbashi—by USAID/Project HOPE

There are anecdotal reports on the government procurement from Ajanta Pharma, and mistakes made in selection of dosage forms and quantities. It is also not clear how the TB drug quality is assured through government purchases, and how these drugs are stored and distributed. Thus, potential involvement of RPM Plus may include:

1. Assessment of TB drug problems and outlining priority areas

2. Training and a follow-up TA to the MOHMI on tender process and drug quality assurance.

3. Assessment of storage facilities

Uzbekistan

The Government of Uzbekistan has recently purchased anti-tuberculosis mono-component drugs for Uzbekistan from the German pharmaceutical company Sanovita. Selection was based on the WHO DOTS requirements. The total cost of the drugs is about $1.0 million. The drugs will expire approximately in three years. The drugs will arrive in Uzbekistan in bulk early this summer, and then will be packaged at the local plant and ready for distribution by October 2001.

The initial plan for the MOH/Uzbekistan was to equally distribute these drugs among TB facilities through the entire republic, including non-DOTS facilities. It was estimated that TB drugs would then last for 15 months and would treat approximately 1500 new cases of TB. There was a concern, however, about drug use monitoring at non-DOTS sites. Lack of proper control over use of drugs could lead to improper use and development of resistance.

The MOH accepted the USAID request to distribute German drugs to DOTS pilots in Fergana Valley. The drugs will then cover one third of Uzbekistan's population, or 6.8 million, living in Fergana Valley, and the stock would last for three years.

The GDF/RPM Plus team then discussed the possibility for Project HOPE to apply for the GDF drugs on behalf of Uzbek government, and use the drugs in Fergana pilots. The German drugs could then be redistributed to other regions of the country.

Possible involvement of RPM Plus in Uzbekistan may involve—

- Assist the MOH in development of a distribution plan for centrally purchased TB drugs
- Assess TB drug management in the pilot DOTS oblasts and selected non-DOTS sites

- Provide TA in on-going centralized procurement to assure that the buffer stock is in place

7. Discuss potential collaboration with the donors and organizations involved in TB issues in the CAR

Collaborators and Partners

During the trips to Tajikistan and Kazakhstan the team worked with the following organizations and representatives:

Ministry of Health, Akhmadov Alamkhon, Minister of Health
Asasomiddin Latipov, Deputy Minister, tel: 215894; fax: 214204 e-mail: uniexp@tajik.net
Umriniso Iusupovna Sirojiddinova, TB manager, Ministry of Health, tel office: 2-27-44, 21-41-32; home: 36-33-94

City Health Department, Nina Pavlova, Chief, tel: 21-14-25

Republic of Tajikistan Customs Office, Rarhmatov Negmatboy Sanginovich, Deputy Director, tel: 992 372 212096, fax: 214630

Republican Center of Tuberculosis, Kurbanhon Akramovna Zokirova, Director of the Center, Buhory st. 59, 734025 Dushanbe, tel: office: 21-81-48, home: 36-49-97
Lidiya Phedorovna Pashkova, Microbiologist, Head of Laboratory, Republic TB Center, Dushanbe

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Benevolence International Foundation, Rakinov Akranjon, Director BIF, c/o TB Hospital for Children in Dushanbe (Headquarters in Chicago, Illinois USA)

ECHO – European Community Humanitarian Office, Peter Burgess, ECHO Correspondent for the CAR, 25 Mirzo Tursunzadeh St., 3rd Floor, Dushanbe, 734025, tel: 992 372 216083, tel/fax: 992 372 231615, Mobile: 992 91 9016008, Satellite phone: 00873 762 140758, e-mail: echo@tajnet.com or echo@tjk.tajik.net

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WHO, Nazira P. Artykova, MD, WHO Liaison Officer in Tajikistan, 106 Druzhby Narodov St, Dushanbe 734013; tel/fax: 7 3772 214871, 213727, Mobile: 7 377 901 5041, e-mail: whotjk@tajnet.com

World Bank, Makhbuba Sheralieva, Executive Director, Project Implementation Unit – Health, 30 Abuali Ibn Sino St, Dushanbe, tel: 992 372 244413, 218202, Fax: 992 372 248824, e-mail: mahbuba@healthtj.tajnet.com

NEXT STEPS

Immediate Follow-up Activities

As was agreed with the USAID/CAR mission, RPM Plus should draft a workplan of activities for 2001 – 2002 in Tajikistan, Uzbekistan, and Turkmenistan based on discussions with the mission and Project HOPE.

Recommendations

Poor availability of first-line TB remains one of the top reasons for failure to implement sustainable DOTS programs, which to establishing the Global Drug Facility. However, the GDF was designed to provide only temporary solutions to countries that have no means to procure first line TB themselves. This temporary aid will be provided to a recipient country for three years only, after which time a country is supposed to start it's own supply.

Trip to Tajikistan, meeting with organizations there involved in TB control (as well as experience of RPM Plus in other countries) shows once again that very often DOTS programs collapse as soon as donor assistance in drug supply is withdrawn. In Tajikistan, for example, this will happen by the end of 2001 in Gorno-Badahshan Oblast where Agha Khan Foundation is rounding up its support to a DOTS program, and where local government does not have funds to pick up the drug supply element of the program.

In countries where TB drugs are procured centrally with state funds, for example in Kazakhstan and Turkmenistan, TB drug quality may become a serious issue due to deficiencies in procurement mechanisms, contracting, and lack of procurement quality assurance programs.

RPM Plus thus recommends to take a system approach with local capacity building in order to ensure sustainability of the USAID-funded DOTS programs. The approach would include the following elements:

- Indicator-based assessment of TB drug management situation: 1) provide base-line data against which future impacts will be measured; 2) involvement of local experts develops local capacity in monitoring drug supply system via use of indicators and in collecting pharmaceutical data, and 3) local experts learn how to analyze data, identify gaps, and design and plan interventions

- Policy Options Workshop is a forum for policy dialog allows for wide-open discussion of TB drug supply issues between officials, managers, clinicians, and other stakeholders. It is an excellent venue to obtain local political support for program implementation because it is local experts who take the lead in discussing TB drug management issues, and in planning short-, medium-, and long-term interventions and mechanisms for monitoring impacts

- Survey of TB drug quality may be required in countries that procure drugs with local funds. Method of thin layer chromatography could be applied

- Drug registration is the main mechanism of ensuring good quality of TB drugs. However, as experience shows, countries quite often demonstrate double standards to drug quality depending on country of manufacture. Assistance may be required in establishing rigid policy and criteria for TB drug registration and mechanisms for their enforcement.

- Drug selection for TB programs oftentimes contradicts its goals. Turkmenistan, for example, spent state funds on purchasing TB drugs in dosages unacceptable for DOTS treatment. Assistance may be required in developing transparent and enforceable policy or regulation governing drug selection processes.

- Assistance and development of capacity in competitive centralized procurement of TB drugs should be provided at earliest possible stage, as soon as a country has funds for such procurement. RPM Plus has experience in such work in Kazakhstan where tender documents were drafted for the tender board in 1999, along with drug specifications and sample supply contracts. A one-time assistance, however, is not enough, as people on tender board change. Hand-on assistance should continue until institutional memory is developed at the MOH level.

- Distribution is a week point in CAR. Old Soviet system was decentralized and privatized in most countries with many skilled pharmacists moving to private sector. Some countries, for example Kazakhstan, relies on suppliers to deliver TB drugs to facilities, but information on delivery schedules and pipelines is not required. Other countries, like Tajikistan, have very poor capacity to distribute any drugs centrally, including those coming from the GDF. A program of assistance to develop capacity in drug distribution and monitoring, including all levels of health system, may be required.

- While monitoring TB drug use at DOTS pilots is well described in the WHO manuals and is normally well organized by implementing organization it is not generally integrated in country's overall drug management information system (DMIS) if such system exists at all. A program of interventions may be required to develop a DMIS for a country that would also have a TB drug component

- Of the first eleven countries that applied for the GDF drugs only 5 managed to collect the required data and correctly fill out the GDF application form. Assistance may be required to Central Asian countries that decide to apply for the GDF assistance

- It is advisable, and was supported by Project HOPE and WHO/CAR, that TB drug management component be included in training programs for TB managers. RPM Plus has training materials available and ready to be translated into Russian language.

Agreement or Understandings with Counterparts

The USAID/CAR mission would prefer that RPM Plus TB activities in CAR were coordinated with the Project HOPE activities. Already during the trip the RPM Plus discussed its potential involvement with Project HOPE, and agreement was reached regarding timelines for the 2001 – 2002 activities.

The RPM Plus members of the GDF team, on Project HOPE's request, recommended the GDF to start delivery of TB drugs to Tajikistan no sooner than in November 2001 to give Project HOPE and WHO time to complete training and equipment supply to DOTS pilots. This recommendation was accepted by the GDF.

Important Upcoming Activities or Benchmarks in Program

The upcoming TB related activities of RPM Plus in CAR are outlined in the proposal submitted to the USAID/CAR. The proposal is in Annex 3.

ANNEX 1. GDF COUNTRY VISIT TO TAJIK REPUBLIC

May 22 – 29, 2001
Report by: Andrey Zagorskiy (MSH), Marina Semenchenko (MSH), G. Tsogt, (WHO).

Background

Following the GDF Technical Review Committee meeting held in mid March 2001, five countries were offered conditional support from the GDF. In order to finalize the terms and conditions of GDF grants, country visits are being carried out to each of these countries. The aims of these visits are to brief senior government officials and other stakeholders on the role of the GDF, to explain the implications of a GDF grant, to confirm fulfillment of the conditions for GDF support, to confirm information provided in the GDF application form, to assist countries fulfil conditions, including development of a plan of action, if necessary and to ask for clarification where necessary and finally to provide an understanding the current TB drug procurement and distribution system, within the country.

Tajikistan – Objectives of Mission

1. Overview of the drug procurement and distribution system.
2. Confirm that Tajikistan agrees to the terms and conditions of support, as outlined in Annex 2.
3. Confirm the amounts of drugs required and date of delivery.

Mission

The mission took place from May 22nd to May 29th 2001. The visit included meetings with NTP, MOH, National Customs Committee, State Scientific Center for Drug Registration, WHO, MERLIN, Agha Khan Foundation, ECHO, Benevolence International Fund, and the World Bank. In addition site visits were made to the Republican TB Center, Dushanbe City TB Center, Children TB Center, Macheton TB hospital, Leninski Rayon TB Center, airport customs warehouse, Central Medical Store, in order to understand the current drug distribution and ordering system being used in these areas. Key persons from the MOH, NTP, WHO were fully briefed on the implications of GDF support.

The Project HOPE CAR Program Director Debra El. Anani joined the GDF Mission. The GDF drugs will be used in pilot sites where this USAID-funded program is implementing DOTS strategy. Participation of Project HOPE in the meetings and discussions helped the GDF mission to better understand the specifics of Tajikistan TB drug supply mechanisms.

This report is structured in four sections. Part One outlines lessons learned concerning the current in-country procurement and drug distribution options for the GDF drugs. Part Two provides lessons learned related to the GDF terms and conditions of support, and Part Three lists the amount of drugs to be provided by GDF. Part Four outlines key recommendations to the MOH/NTP and GDF.

Part One: Lessons learned concerning the in-country procurement and distribution system

Current Drug Supply System for TB Drugs

The supply of anti-tuberculosis drugs in Tajikistan is decentralized and not controlled by the MOH. The old system where drugs for public health were procured centrally by the Republican Central Medical Store and then distributed to health facilities via regional stores does not exist any more. The Central Medical Store is basically non-functional, with lots of empty storage space and very little personnel. It is currently being privatized and thus cannot be used to distribute the GDF drugs.

The TB drug market in Tajikistan is mostly "unofficial". It was therefore not possible to obtain information on number of suppliers and products imported into the country. Only one TB drug product, injectable Isoniazid, which is manufactured in the Ukraine, is currently officially registered. However, all five first-line TB drugs are available in retail pharmacies and from private wholesalers. Anecdotally, not more than 20% of all drugs on the market are officially registered. It should also be noted that the government does not have the capacity to conduct pharmaceutical inspections, and does not control prices and drug sales.

The country does not have a central budget for drug purchases and distribution. The needs of health facilities, including pharmaceuticals, are covered by local municipal and raion budgets. During 2000, only 10% of drug needs were covered from these sources.

In Dushanbe, TB centers procure TB drugs via KontraktProm, a state-owned agency responsible for procurement for the public sector. KontraktProm compares price-lists from private pharmacies and wholesalers, and selects the supplier. Because funding is irregular and timely payments to suppliers cannot be guaranteed, drug prices are very high, several times higher than in Kazakhstan, for example, where drugs are procured centrally. Procurement by KontraktProm is not transparent – health facilities are not informed about processes behind selection of suppliers. The GDF team had opportunity to compare TB drug prices in retail pharmacies provided by the WHO/Dushanbe pharmaceutical team and prices paid by the City TB Center, which were higher than retail prices. This is an indication of inefficient procurement mechanisms.

The TB Centers have adequate storage facilities that could accommodate at least a 6-month supply of TB drugs. The inventory control is manual, and seems to be adequate for current minimal stocks. Larger stocks, however, will require a more elaborate system for stock management.

The team visited three TB centers (one for children) that the MOH recommended to be included in the pilot program for DOTS. Of these facilities, only the childrens' hospital had all TB drugs in stock. These drugs are all donated by the Benevolence International Fund (BIF), a Chicago-based humanitarian organization. The other two hospitals were only able to procure on ad hoc basis during the past several years. One currently has a very limited supply of rifampicin, and the

other a limited number of isoniazid and ethambutol. Monotherapy and incomplete treatment courses are common in both adult hospitals.

Patients are expected to buy drugs out of pocket, which many cannot afford, due to high prices for TB drugs and low incomes (average salary is below $5 USD a month). There is no state control or price control over sales of antimicrobials, including TB drugs, which can be obtained without prescription.

According to the TB doctors, lack of free TB drugs in Tajikistan, is the main reason why patients fail to seek medical help when symptoms occur.

Distribution Options for the GDF Drugs

Based on the field visits to TB centers, medical stores, and interviews with TB specialists, the GDF team together with the WHO/Dushanbe and Project HOPE proposed a distribution scheme for the TB drugs. The scheme was then discussed with the NTP coordinator and accepted by the MOH.

It is expected that distribution of the GDF drugs will be as follows:

The GDF drugs will arrive in Tajikistan via Dushanbe airport, and will be initially stored at the customs clearing warehouse. This is a general-purpose warehouse with no climate control and no separate section for pharmaceuticals or goods that require special handling. It stores goods for free for the first two days, after which time a fee of 1.8 somani ($0.72) per kilo of cargo is charged.

As was agreed with the WHO/Dushanbe office, one of their officers with experience in receiving humanitarian aid will assist the NTP with the customs clearance procedures. The requirements for humanitarian drugs registration and customs documentation are discussed in Part 2 of this report.

There are two options for storing the GDF drugs after they have been cleared at customs. The potential stores include those located at the Children's TB Center or the Dushanbe City TB Center that shares ground with the Republican TB Center. Both stores are adequate in size, but require renovations. Currently both TB Centers have one nurse each assigned to the stores. The GDF team was assured that by the time DOTS treatment in pilots starts in October – November and the GDF drugs arrive, renovations would be made, shelves added, and more staff hired to handle the drugs.

The GDF team did not come to conclusion as to the best option for storing the GDF drugs. Project HOPE is planning to open office in Dushanbe for its DOTS implementation program. This office will be staffed with a project manager, a physician and lab specialist responsible for clinical and laboratory monitoring, and a program assistant. The office will be located at one of the above-described TB Centers. The best place for the GDF drugs then, would be the Center where Project HOPE office is located.

The NTP suggested that distribution of the GDF drugs be based on "patient kit" system, where a TB facility (hospital or PHC) receives a package of all TB drugs required for specific treatment phase (intensive or continuation) for every individual DOTS patient. This system may have its drawbacks, but is believed by local TB experts to provide for more rigid accounting and monitoring, and patient and caregiver compliance with the DOTS regimens. Designated medical store staff at the selected TB Center will prepare the "kits". More detailed information on DOTS pilots and their organization is located in Part 2 of this report.

Part Two – Lessons Learned in relation to GDF terms and conditions of support

USE OF DRUGS "All drugs supplied by the Global TB Drug Facility (GDF) will only be used:

- ***For treatment of TB patients***
- ***Free of charge***

Only 10 percent of TB drug needs are currently covered by budget funds (local budgets). All TB Centers visited except the City TB Hospital for children were out of stock of almost all TB drugs. Costs for TB drugs in the private sector pharmacies are high, and most patients are unable to pay. The patient cards examined during field visits to TB Centers show that as a result of chronic drug shortages, patients go through periods when no drugs were dispensed at all, or incorrect regimens were used.

The Minister of Health assured the team that GDF drugs would be provided for free only for TB patients in the DOTS pilots.

Additional confirmation came from the National Customs Committee. The Committee routinely checks the use of humanitarian aid, and conducts audits to ensure that the aid is distributed free. The Deputy Chair of the Committee will immediately inform GDF if audits indicate misuse of the donated drugs.

- ***In programs following national guidelines for DOTS implementation***

The GDF drugs will be used for DOTS pilot areas approved by the MOH (Dushanbe city and Leninski rayon for 2001). The implementing organization is the USAID-funded Project HOPE.

- ***In treatment regimens following WHO guidelines***

Currently the TB facilities (hospitals and dispensaries) use individualized and ad hoc treatment regimens depending on drug availability and affordability for patients. The GDF drugs will be used only in DOTS pilot areas, which will follow the WHO guidelines for regimens and dosages.

- ***In accordance with a multi-year plan for DOTS expansion to reach global targets by 2005***

Tajikistan has developed a DOTS expansion plan, which involves 3 areas to become DOTS in 2001 (1.04 million population), an additional 3 administrative areas in 2002 (0.57 million), and one area in 2003 (0,25 million population). According to the plan the country aims to cover 30% (1.86 million) population with DOTS by 2003. The Tajikistan request for the GDF drugs and needs calculations are only for the DOTS areas.

DOTS Expansion Plan:

2001	Dushanbe city 600 000 population WHO/HOPE/USAID	Leninskiy raion 260 000 population WHO/HOPE/USAID	Agahan raion 180 000 population Aga Khan Foundation

2002	Hudgand 160 000 population HOPE/USAID	Kulyab 140 000 population HOPE/USAID	Gysar 270 000 population HOPE/USAID

2003	Tursunzade (TBD) 250 000 population

REGISTRATION "Where registration is required GDF drugs will be expeditiously registered and the Government will facilitate this process"

All humanitarian drugs brought into the country are exempt of regular registration procedures. The process is regulated by "Guidelines on pharmaceutical and medical products donations in Republic of Tajikistan" approved by the MOH in September 1998, and calls for "provisional registration for one-time shipment" by the State Scientific Center of Drugs Expertise and Certification.

Following are requirements for donated drugs as outlined in this document:

- The drugs should be on the National List of Essential Drugs
- The drugs should be of acceptable for Tajikistan standards (Russian Pharmacopeial standard, for example)
- Shelf life should be not less than 85%
- Labels and package inserts ("use instructions") in Russian language are mandatory
- Labels should contain: INN, batch number, dosage form, units in the pack, dates of production and expiration, manufacturer name and address
- It is desirable that the drugs are packed in accordance with usage needs. If the drugs are planned for ambulatory use and require repackaging, provision of the packaging materials is essential

Provisional drug registration takes approximately 15 days, provided that the submitted documents are of good quality. The Deputy Head of State Scientific Center of Drugs Expertise and Certification advised the GDF team to send all documents to Tajikistan at least 30 days prior to shipment.

For each drug product, the following documents are required:

- Application for registration
- Quality certificate for each batch
- Certificate of registration in the country of manufacture
- Copy of the GMP certificate
- Instructions for use of the drug product in Russian

All documents, including certificates, should be in English and Russian languages.
The provisional registration is valid for one year for one shipment, and the process should be repeated for the following shipments.

The complete copy of the "Guidelines on pharmaceutical and medical products donations in Tajik Republic" with required forms was provided to the Dushanbe WHO office.

It is of concern, however, that, as was indicated by the Deputy Head of the State Scientific Center of Drugs Expertise and Certification, provisional registration of the GDF drugs may be complicated if the GDF shipment contains TB drugs manufactured in India, Pakistan, or Syria. In this case drugs will need to go through standard registration procedure which takes up to 6 months and requires clinical trials and bioavailability tests.

IMPORTATION "Responsibility for the drugs beyond the agreed point of delivery is for the government. The government will make arrangement for the payment or waiver of any import duty or tax, storage fees or insurance levied on drugs supplied by the GDF in a timely fashion so that the drugs are released from customs and supplied for programmatic needs as required"

Importation of donated drugs GDF drugs is regulated by the Government Order #459 of November 9, 2000 "On distribution of humanitarian aid in Republic of Tajikistan". According to this document no import duties will be levied on the GDF drugs, and the custom clearance procedures will be simplified and should not exceed 3 days.

Upon arrival in the country, the GDF drugs will be stored at customs warehouse. There are no special staff trained in handling pharmaceutical products, and the store is not designed for storing drugs. Storage is free during the first two days, and then a fee of 1.80 somoni ($0,72 USD) is charged per each 1 kg per day.

After receiving the shipment the customs officer makes a phone call to the recipient who then starts the process of customs clearance.

The following documents are required to clear the drugs:

- Grant Agreement between GDF and MOH, which includes a clause on exemption from taxes and duties.
- Proof of in-country registration of the recipient (if this is a non-governmental body or foreign organization).

- A letter from the Ministry of Economy and Trade stating that the drugs are humanitarian aid for the National program.
- An importation permit from the MOH (document certifying provisional registration).
- Waybill (with a note "humanitarian aid").
- Specifications for each product.
- Quality certificate.
- Invoice (money value of the shipment by item).
- Customs declaration.

According to the Deputy Chief of the Republican Customs Committee, delays for donated drugs at clearance are rare. The most common causes of delay for customs are when donated drugs arrive without the above documentation or have no provisional registration from the State Scientific Center of Drugs Expertise and Certificates.

The WHO/Dushanbe office customs clearance consultant will do customs clearance of the GDF drugs. Of note, the WHO office has never had problems with importing drugs in Tajikistan.

A copy of the Government Order #459 "On distribution of humanitarian aid in Republic of Tajikistan" was provided to the WHO/Dushanbe office.

MONITORING "Regular assessments of TB program performance, including TB drug management, will be carried out by an independent technical agency, and the complete assessment report provided to the GDF"

The Minister of Health raised no objections to such assessments.

BUDGET AND FINANCIALS "Public sector finance for TB control activities will not be reduced as a consequence of, or during the period the GDF grants are received, Co-financing and technical co-operation is available for non-drug aspects of the multi year plan, from other donors/government"

During the meetings, the Deputy Ministry of Health agreed verbally that financial support would not be cut or redistributed as a result of GDF support. He also said the MOH would find ways to support non-drug costs of the pilot sites. However, at present budget funds for health care come not from the MOH, but local governments (raions, municipalities, etc.). These local budget allocations depend significantly on the economic situation in each specific raion. Local budgets cover 100% of TB staff salaries, and only 10% of other needs, including drug supply (Dushanbe City data).

The 2001 GDF drugs will be used in two pilot sites: Dushanbe City, and Leninski Raion 10 km south of Dushanbe. The following donors and organizations will cover the non-drug aspects of DOTS implementation:

- The USAID-funded **Project HOPE**: starts in July 2001, and will be implementing DOTS in Dushanbe City and Leninski raion with a rollout to three more raions by 2004. Project HOPE

will provide equipment and reagents to 9 laboratories, conduct training of physicians, nurses, and laboratory personnel, print reporting forms, and monitor diagnosis and treatment process and outcomes.

- The **Benevolence International Foundation** (BIF) is currently providing all first-line TB drugs (all from the local market) and food to patients in the Children's TB Center. After the GDF drugs have been made available, the BIF will reallocate its drug funds to renovating and furnishing the Center.

- The **WHO** program in 2001 will conduct training, including one training-of-trainers course, two courses for physicians, two courses for general practitioners, and two for laboratory physicians and technicians.

- **Red Crescent** through its food program will provide hot meals to 100 Dushanbe DOTS patients in continuation phase, with potential for expansion to cover more patients in coming years (provided that experience is positive).

Other donor activities include:

- **Agha Khan Foundation** DOTS pilots in two areas of Tajikistan: Gorno-Badakhshanskaya Autonomnaya Oblast and Karteginskaya zona. The Foundation provided training and drugs. The program will end in 2001.
- **Merlin** of the UK came up with proposal to ECHO to work on DOTS implementation in Kurghan-Tyube and Kulyab oblasts. The funds have not yet been provided

Part Three –Amount of drugs to be supplied and delivered

The GDF team recalculated the Tajikistan drug order for 2001-2003. Recalculations were made in collaboration with the members of NTP team: Senior TB specialist of the MOH, Directors of Republican and Dushanbe City TB centers. Drug need was based on expected number of patients in pilot sites.

Calculations do not include the buffer stock, which should be set up at 100%.

Calculating Drug Requirements by categories of TB patients for 2001 is presented in Table 1 below and in more detail in the spreadsheet at the end of the report.

Table 1. Drug Requirements, 2001

Category I				
Drugs	Form	# of patients	Units	Total units
HR (100/150)	Tab	1100	336	369,600
Z (400)	Tab	1100	180	198,000
E(400)	Tab	1100	120	132,000
H(300)	Tab	1100	51	56100
Category II				
Drugs	Form	# of patients	Units	Total units
HR (100/150)	Tab	200	465	93,000
Z (400)	Tab	200	270	54,000
E (400)	Tab	200	440	88,000
S (1g)	Vial	200	60	12,000
H (300)	Tab	200	65	13,000
Category III				
Drugs	Form	# of patients	Units	Total units
HR (100/150)	Tab	350	336	117,600
Z (400)	Tab	350	180	63,000
H (300)	Tab	350	52	18,200
			Total for 2001	**Total with 100% buffer**
HR (100/150)	**Tab**		**580200**	**1160400**
Z (400)	**Tab**		**315,000**	**630,000**
E (400)	**Tab**		**220,000**	**440,000**
H (300)	**Tab**		**88,400**	**176,800**
S (0.75g)	**Vial**		**12,000**	**24,000**

Part Four – Recommendations to MOH, NTP, WHO and GDF

MOH and NTP

- It is advisable for the MOH and NTP to organize a meeting with all international donors that currently have programs in the country. This may help coordinate activities and to steer the donor efforts to the priority areas of the NTP.

- The NTP in coordination with MOH should develop and approve the National TB Policy and the DOTS introduction and expansion plan.

- The pilot sites and DOTS program in general will benefit from MOH assistance in funding non-drug aspects of TB control, including facilities renovation and maintenance, food for patients, and other commodities.

- MoH to identify responsible bodies and individuals to monitor distribution and use of the GDF drugs in the pilot sites.

- MoH to ensure that those facilities that have been identified to be involved in the TB drug distribution have capacity for drug storage and transport. It is advisable to upgrade the current drug storage facilities at the pilot TB Centers (renovate rooms, install shelves and cabinets).

- It is advisable to establish a vertical system of drug supply for the NTP where financial resources of local governments are collated, and TB drugs are procured centrally by using competitive techniques. This may require international assistance to MOH in policy development, and development of the MOH capacity to procure TB drugs competitively. This will ensure lower prices, higher quality of TB drugs, and secure their uninterrupted supply.

- The MOH and NTP should explore opportunities of establishing regular contacts with the media, and design educational programs on TB and DOTS for the population.

- Provide DOTS pilot sites with posters in Russian and Tajik languages informing population of availability of free TB drugs.

GDF

- Grant Agreement between GDF and the MOH the GDF drugs to Tajikistan should be coordinated with the WHO/Dushanbe and Project HOPE, an implementing organization in DOTS pilots. Shipment should take place only after the pilot sites staff are trained in diagnosis and treatment, and drug inventory management systems are in place.

- The GDF should send to Tajikistan all documents required for customs clearance and provisional registration in the country immediately after the suppliers have been identified, or at least one month prior to the shipment. This will ensure that drugs are registered in time, and distribution of all drugs begins immediately after the customs clearance.

- For registration, GDF needs to send the following for <u>each drug product</u>:
  - Application for registration .
  - Quality certificate for each batch.
  - Certificate of registration in the country of manufacture.
  - Copy of the GMP certificate.
  - Instructions for use of the drug product in Russian.
  - All documents, including certificates, should be in English and Russian languages.

- For customs clearance, GDF needs to send the following:
  - Grant Agreement between GDF and MOH that contains a clause on exemption from taxes and duties
  - Proof of in country registration of the recipient (if this is a non-governmental body or foreign organization)
  - A letter from the Ministry of Economy and Trade stating that the drugs are humanitarian aid for National program
  - An importation permit from the MOH (document certifying provisional registration)
  - Waybill (with a note “humanitarian aid”)
  - Specifications for each product
  - Quality certificate
  - Invoice (money value of the shipment by item)
  - Customs declaration

- National TB programs may benefit from different packaging of the GDF drugs. The 2001 drugs will come in 1000 bottles, which requires repackaging at the facility level. It is advisable to consider the possibility of ordering drugs in blister packs, for example, containing seven daily doses, or in kits with a full course for intensive or continuation phase. This will increase the cost of drugs, but will also increase compliance with the regimens and facilitate monitoring of the drug use. It will also be beneficial for countries that rely on volunteers and NGOs that do not have training in pharmacy. Meanwhile, GDF could consider sending packaging materials to Tajikistan, for example, ziplock bags, pill boxes, or the like.

- GDF drugs should carry drug labels in Russian detailing INN, batch number, dosage form, dose of active ingredient, units in the pack, dates of production and expiration, manufacturer name, storage conditions, “Humanitarian aid from GDF, free, not for sale”. For example:

INN (Isoniazid) Dosage form (Tablets 300mg) Number in bottle (50 tablets) Batch Number Date of production Expiry date Manufacturer Storage conditions – store at room temperature HUMANITARIAN AID FROM GDF FREE NOT FOR SALE	? ? ? (? ????????) ? ???????? (? ??????? 300? ?) ? ????????? ? ???????? (1000 ????????) ? ???? ????? ? ??? ?? ????? ? ???? ?? ? ??????????? ? ?????? ???????? – ??????? ??? ??? ?????? ??? ???????? ?

WHO/Donors

- Successful expansion of DOTS program in Tajikistan will require international assistance in development of local capacity in drug management information system (DMIS). The system will ensure that the NTP managers at any given time are aware of the TB drug pipeline, and have enough information for rapid development of interventions that may be required to ensure an uninterrupted drug supply.

- WHO/Dushanbe should take a leading role in coordinating international donors in the country to ensure that internationally recommended TB control strategies are used and that the GDF drugs are accounted for.

GDF Drug Grant Calculation Form

Country: Tajikistan

Period: July 2001 - July 2002

Category	Regimen	Patients	Buffer	Tot to treat	Intensive	Continuation	Isoniazid 300				Isoniazid/Rifampicin 100/150				Pyrazinamide 400				Ethambutol 400				Isoniazid/Ethambutol 150/400				Streptomycin 0.75g			
					No of doses		Tabs/day	Doses	Tabs/pt	Total	Tabs/day	Doses	Tabs/pt	Total	Tabs/day	Doses	Tabs/pt	Total	Tabs/day	Doses	Tabs/pt	Total	Tabs/day	Doses	Tabs/pt	Total	Tabs/day	Doses	Tabs/pt	Total
1	2E3H3R3Z3/4H3R3		2	0	26	52	1	78	78	-	3	78	234	-	3	26	78	-	3	26	78	-	-	-	0	-	0	26	0	-
	2EHRZ/4H3R3	1100	2	2200	60	52	1	52	52	114,400	3	112	336	739,200	3	60	180	396,000	2	60	120	264,000	-	-	-	-			-	-
	2EHRZ/4HR		2	0	60	120	-	-	-	-	3	180	540	-	3	60	180	-	2	60	120	-	-	-	-	-			-	-
	2EHRZ/6HE		2	0	60	180	-	-	-	-	3	60	180	-	3	60	180	-	2	60	120	-	2	180	360	-			-	-
2	2S3E3H3R3Z3/1H3R3Z3E3/5H3R3E3		2	0	39	65	1	104	104	-	3	104	312	-	4	39	156	-	4	104	416	-	-	-	-	-	1	26	26	-
	2SEHRZ/1HRZE/5H3R3E3	200	2	400	90	65	1	65	65	26,000	3	155	465	186,000	3	90	270	108,000			440	176,000	-	-	-	-	1	60	60	24,000
	2SEHRZ/1HRZE/5HRE		2	0	90	150	-	-	-	-	3	240	720	-	3	90	270	-	2	240	480	-	-	-	-	-	1	60	60	-
3	2H3R3Z3/4H3R3		2	0	26	52	1	78	78	-	3	78	234	-	4	26	104	-	-	-	-	-	-	-	-	-	-	26	-	-
	2HRZ/4H3R3	350	2	700	60	52	1	52	52	36,400	3	112	336	235,200	3	60	180	126,000	-	-	-	-	-	-	-	-	-	-	-	-
	2HRZ/4HR		2	0	60	120	-	-	-	-	3	180	540	-	3	60	180	-	-	-	-	-	-	-	-	-	-	-	-	-
	2HRZ/6HE		2	0	60	180	-	-	-	-	3	60	180	-	3	60	180	-	-	-	-	-	2	180	360	-	-	-	-	-
	TOTAL									176,800				1,160,400				630,000				440,000				-				24,000

ANNEX 2. GUIDELINES FOR GDF COUNTRY VISITS—DRAFT

1. Aims and Objectives

These guidelines provide a tool for TRC and GDF Working Group Members to assess countries that will benefit from GDF support; to gather standardized information which will confirm the material presented by countries in the application forms and help to monitor and evaluate GDF support to countries. The guidelines are also to be used to help countries to understand the purpose of the GDF as well as the implications of the grant agreement. The results can also be used to assist in improving drug management in country in the medium and long term.

2. Country visits

Following the GDF Technical Review Committee meeting held in mid March 2001, five countries have been offered conditional support from the GDF. The countries are the following:

1. Republic of Moldova
2. Tajikistan
3. Kenya
4. Somalia
5. Myanamar

3. Purpose of country visits

- To brief select government and other stakeholders on the role of the GDF
- To explain the implications of a GDF grant
- To confirm fulfilment of the conditions for GDF support
- To confirm information provided in the GDF application form and ask for clarification where necessary
- To assist countries fulfil conditions, including development of a plan of action, if necessary

4. Plan for assessing fulfillment of conditions prior to signing GDF grant agreements

Country	By Whom	Time
Kenya	1st Dr Maarten Bosman (KNCV), 2nd Dr Michael Thuo (MSH).	1st visit March, 2nd June
Moldova	Eva Nathanson (WHO EURO), Gini Arnold (WHO STB) Jacob Kumaresan (WHO STB), Mr Andrey Zagorskiy (MSH), Dr Marina Semenchenko (MSH).	April/May
Myanmar	Gini Arnold (WHO STB), Souly Phanouvong (WHO EDM).	23rd April to 1st May
Somalia	EDM	April/May
Tajikistan	G. Tsogt (WHO EURO), Dr Ian Smith (WHO STB), Mr Andrey Zagorskiy (MSH) , Dr Marina Semenchenko (MSH).	April/May

The visiting teams will be composed of a GDF coordinator and one or two consultants with expertise on drug supply issues and knowledge of the country's health policies and TB situation. The Stop TB Secretariat plans to conclude all visits by end-May 2001, in order to expedite drug supply to the country.

5. Tasks of GDF coordinators

- Delegate roles
- Check for consistency
- Check for accuracy of information, data and names
- Ensure that all relevant issues are raised, discussed and, where possible, addressed in the visit
- Prepare an executive summary on the visit, with other members of the team.

6. Conditions of support for each country

Country	Conditions of GDF support - general	Conditions of GDF support – country specific
Myanmar	• Country has been requested to prepare a multi-year plan for TB control, which includes DOTS expansion • Co-financing and technical co-operation is available for non-drug aspects of the multi year plan, from other donors/govt. • GDF support will not replace funds from existing programmes	• Consideration of full supply of all drug needs through GDF with reallocation of existing resources (government and WHO) to other aspects of DOTS implementation • If no reallocation of resources, provide 50% of total drug requirement as requested, given confirmation that resources are available for other aspects of DOTS implementation • Clarification of adequacy of regimens used
Kenya	• Responsibility for the drugs beyond the delivery point, i.e. the international port(s), is for the country	• Provision of corrected and clarified budgets, commitments and expenditures from government and donors for 1998-2001 • Future annual submissions to be based on WHO recommended formulations • Confirmation that NTP will provide GDF drugs free to patients
Tajikistan	• GDF drugs will be provided free to patients • GDF drugs will be expeditiously registered • Govt. agrees to independent assessments of the TB programme • Govt. will increase/maintain budgets for TB control	• Clarify and recalculate drugs requirements based on realistic assessment of number of cases to be treated under DOTS, and most suitable regimen based on drug resistance patterns • Drugs to be used in DOTS areas only • Confirmation of free drug provision • Confirmation of other donor support for non-drug costs of DOTS expansion • Confirm that registration requirements for GDF drugs will be expedited
Somalia	• Country uses products from the WHO Essential Drugs List • Regimens follow WHO/IUATLD guidelines • *Other conditions as outlined in grant agreement*	• Support approved for one year • Provision of a rolling annual plan, involving NGOs and WHO, in place of requirement for a five year plan • Annual plan to include details of non drugs related support and implementation • Future applications on annual basis, taking into consideration changing political situation Provide drugs in blister combi-packs if possible
Moldova		• Drugs to be supplied for DOTS pilots, not entire country – WHO to review plan • ***Confirm that registration requirements for GDF drugs will be expedited*** • Ensure availability of funding from other sources for other aspects of DOTS expansion • Recalculate drugs requirements based on realistic assessment of number of cases, and most suitable regimen based on drug resistance patterns • Get feedback on most recent technical review and planning missions from WB and WHO

Proposed Country Meetings/Briefings

- Ministry of Health
- Ministry of Finance (including customs and excise)
- WHO
- NTP
- Donors and other partners
- Key Technical Agencies

NB: Where appropriate meetings should be as kept as small as possible but with a broad range of representatives/participants to minimize costs and time. Decision-makers should be encouraged to participate.

Objective

Explain GDF, explain grant agreement, and outline conditions of support

The briefing session should cover:
- Defining the purpose and objectives of the mission
- Explaining the role of the GDF – aims and objectives
- Explaining the GDF grant agreement and implications of signing
- Reviewing all relevant background information, reports and documents
- Clarifying questions
- Discussing the schedule and logistic arrangements for various meetings and field visits
- Discuss mechanisms in place to receive and distribute drugs in country

Documents which should be left in country

- GDF Brochure
- Draft GDF Grant Agreement
- GDF Prospectus
- PowerPoint presentation on GDF
- Current WHO EDL and TB Treatment Guidelines (very important for future procurement and treatment)

Field/Site visits

Objective of site visits – to verify and confirm information provided in the application form as well as GDF conditions of support. The purpose is not to gather quantitative material (literature) but instead to make qualitative judgements on organization and delivery of drug management in relation to GDF conditions of support. The field visits also provide an opportunity to learn, first hand, the experiences and opinions of field level workers and TB patients as well as local drug manufacturers. This information can be used to feed in to the second round of applications. Areas to be checked:

1. NTP
   1.1 Structure and Organization
      1.1.1 History – when did the NTP begin?
      1.1.2 How is the NTP organized – central unit and regional structure?
      1.1.3 NTP Manual available – adequate information?
      1.1.4 Coverage – Does the NTP cover the whole country?

   1.2 Resources
      1.2.1 Financial resources?
         1.2.1.1 Finances available for drugs and % for TB drugs?
         1.2.1.2 How are TB drugs financed?
      1.2.2 Human Resources?
      1.2.3 Equipment?

   1.3 Plans
      1.3.1 Multi –year plan (including DOTS expansion)?

   1.4 Treatment policy
      1.4.1 Which regimens for which category of patients?
      1.4.2 Recent changes in the regimen?
      1.4.3 Adequacy of regimens?
      1.4.4 Regimens in relation to WHO/IUATLD recommendations?
      1.4.5 Is the regimen standardized, effective and followed?

   1.5 Supervision of health facilities
      1.5.1 By whom?
      1.5.2 Frequency?
      1.5.3 Available resources?

1.6 Private health sector
- 1.6.1 Relationship with NTP?
- 1.6.2 Control and supervision?
- 1.6.3 Receiving drugs from NTP?

1.7 Evaluation and Monitoring of NTP
- 1.7.1 When and by whom?
- 1.7.2 Lessons learned/Recommendations?
- 1.7.3 Follow up?

2. Epidemiology

2.1 Recording and reporting system
- 2.1.1 By whom and how often?

2.2 Cohort analysis
- 2.2.1 Yearly?
- 2.2.2 Feedback and trends?

2.3 Case finding efficiency

2.4 Drug resistance data
- 2.4.1 Which year?
- 2.4.2 Representative of the country?
- 2.4.3 Level of MDR?

3. Drugs

3.1 Products
- 3.1.1 Are TB drugs on the National List of Essential Drugs?
- 3.1.2 Are products used on the WHO EDL? If not, why?
- 3.1.3 Are TB products used Branded or Generic?

3.2 Quality
- 3.2.1 Is quality known to be good? – supportive documentation?, origin of drugs?
- 3.2.2 Reputability of producers – have they been inspected?
- 3.2.3 Registration – are all products registered?
  - 3.2.3.1 Registration procedures?
  - 3.2.3.2 Which TB drugs have been registered?
  - 3.2.3.3 Which TB drugs have not been registered but are still being used?
- 3.2.4 Does product meet the set (national) standards?
- 3.2.5 What reference standards are used?
- 3.2.6 Do current manufacturers/producers meet acceptable GMP?
- 3.2.7 Are there approved laboratories to test product?
- 3.2.8 Does post-markup surveillance exist? i.e. (I) existence of formal systems of reporting: (a) product quality complaints, (b) adverse drug reactions (II) Inspection of wholesale pharmacies, sampling

3.2.9 Packaging and labels
- 3.2.9.1 Local language used?
- 3.2.9.2 Foreign language(s)?
- 3.2.9.3 Package insert translated?
- 3.2.9.4 Repackaging/labeling exist?

3.2.10 Of the total number of drugs/batches tested, what % failed on quality criteria?

3.2.11 Of the drugs/batches inspected what % were expired?

3.2.12 For imported drugs has a WHO certification scheme been used?

3.3 R & D

3.3.1 Are new products about to be released?

3.4 Customs regulations and port clearance

3.4.1 Which air, sea, and land ports are used?

3.4.2 Are there cold rooms, locked warehouse, have drugs been reported of damage by climatic conditions?

3.4.3 What is the average time needed to clear shipments from the port?

3.4.4 What are causes of recent port losses (physical damage, theft, poor storage conditions, inefficient port management including delayed clearance)?

3.4.5 Who is responsible for port clearance (central medical storage, MOH, private import agent)?

3.4.6 Do port-clearing staff know in advance when and where the shipment is due?

3.4.7 Are port-clearing staff trained in import/donation documentation and port-clearing procedures?

3.4.8 Do port authorities and other relevant agencies assign priority to drug shipments?

3.4.9 Import laws on TB drugs?

3.4.10 % tax imposed on raw materials and finished products?

3.5 Market

3.5.1 TB drugs sold over the counter?

3.5.2 % drugs in private market?

3.5.3 Major users?

3.6 Finance

3.6.1 Prices of products (wholesale/retail)?

3.6.2 Cost-benefit analysis of drugs and chosen regimens?

3.6.3 Cost per treatment?

3.6.4 % of patients able to pay for TB drugs used in treatment (if TB drugs are not free)?

3.6.5 Total public drug expenditure?

3.6.6 Total value of international aid for drugs (cash & kind)

3.6.7 Total drug expenditure (public & households and internal aid)

3.6.8 Total value of local production (ex-factory price) sold in the country

3.6.9 Total value of drug imports
3.6.10 Is the public drug budget spent per capita per year more than US$ 1.00 for last 3 years?
3.6.11 Has per capita drug expenditure increased over the last 3 years?
3.6.12 What is the average retail price of standard treatment of TB for Cat.1 i.e., 2EHRZ + 6HE or + 4HR or + 4H3R3

3.7 Procurement

3.7.1 Public sector procurement system/mechanism for drugs?
3.7.2 International/national tender?
3.7.3 Last tender, prices, quantities etc?
3.7.4 Payment methods?
3.7.5 Re-packaging/labeling?
3.7.6 How organized at national and peripheral levels?
3.7.7 Frequency of orders at national and peripherals?
3.7.8 Basis for forecast and order?
3.7.9 Buffer stock? %? National and peripheral?
3.7.10 Timeliness?
3.7.11 Is there a system for monitoring supplier performance?
3.7.12 Is most of the tendering done under INN?
37.13 Does procurement unit receive foreign currency in less than 60 days (from request to release)?
3.7.14 Is procurement in the public sector limited to drugs on the NEDL?
3.7.15 Is the average lead-time (from order to receipt at country level) less than 8 months?
3.7.16 Is procurement based on a reliable quantification of drug needs?
3.7.16 Link between NTP and procurement, feed back mechanisms?, who places orders – NTP or hospitals?

3.8 Production
3.8.1 International/Local?
3.8.2 Major producers?
3.8.3 Production (local) capacity: % meets local needs?

3.9 Form of drugs
3.9.1 Loose/blister?
3.9.2 Single/FDC

3.10 Distribution
3.10.1 Frequency?
3.10.2 How organized?
3.10.3 Patient dispatches?
3.10.4 Patient fees for TB drugs?
3.10.5 Interruptions in supply
3.10.6 Timeliness of deliveries?
3.10.7 Means of transport?

3.11 General drug management and distribution at central procurement unit/warehouse.

3.11.1 Are good storing practices observed in the central procurement/distribution unit/ warehouses?

- cleanliness of stores
- aeration
- stock rotation i.e. FEFO-first expiry first out and FIFO- first in first out- procedures, arrangement of products, stock control forms
- storage conditions- temperature and humidity control
- security
- storage areas for dangerous, potential abuse, narcotic product groups

3.11.2 What systems (manual or computerized) are used for inventory control?

3.11.3 Are TB drug stocks within their expiry dates?

3.11.4 What was the value of expiry TB drugs at the beginning and end of the last fiscal year?

3.11.5 Have all incoming TB products been physically inspected for the last three deliveries in the central procurement/distribution unit/warehouse?

3.11.6 Are only TB drugs which are on the NEDL in stock in the central procurement/distribution unit/warehouse?

3.11.7 Are all or at least 80% of the vehicles of the central procurement/distribution unit/warehouses in working condition?

3.11.8 Average time between order and delivery from the central procurement/distribution unit/warehouses to a) regional/provincial storehouse, b) remote facilities in

- the last year
- this year

3.11.9 Average stockout duration for TB drugs in the last year

- in the central procurement/distribution unit/warehouses
- in a sample of regional/provincial or health facilities

3.11.10 Number of drugs beyond the expiry date (out of the total number of drugs inspected).

3.11.11 Are random and periodic stock checks carried out?

3.11.12 What TB drugs were returned during the past year, and why?

3.12.12 Have there been any stock shortages?

3.12.13 Have there been excessive stock levels?

If there have been shortages were these due to:
Demand increasing unexpectedly
Forecast was too low?
Order placed later than expected?
Delivery was longer than expected?

3.12.14 If the delivery was longer than expected was this due to:
The procurement agent took longer than expected?
The manufacturer took longer than expected?
Shipping took longer than expected?
Customs clearance took longer than expected?

3.12.15 If the customs clearance took longer than expected.

3.13 General drug management and distribution at health facility and dispensing

3.13.1 Does the facility have appropriate stock storerooms?

3.13.2 Is there a receiving area, unpacking area?

3.13.3 Is there a standard inventory control system?

3.13.4 Is there a discrepancy report form? If yes, has it been used?

3.13.5 Are stock cards or stock books used for every movement of stocks in or out of the facility storeroom?

3.13.6 Are drugs re-ordered according to a consumption-based calculation?

3.13.7 Is the minimum or safety stock level set according to the frequency of delivery and average consumption?

3.13.8 Do stock records correspond with physical stock for a sample of drugs?

3.13.9 Does the facility have trained staff in inventory management responsible for ordering, storing, or distributing drugs?

3.13.10 Are FEFO or FIFO principles used for storeroom management?

3.13.11 Are there any expired TB drugs in stock?

3.13.12 Are TB patients diagnosed and treated free of charge, including TB drugs used in the treatment?

4.0 Donors

4.1 Who?

4.2 Stop TB partners?

4.3 History of support?

4.4 Level of support and in relation to NTP budget?

4.5 Areas of support- commitment to drugs/DOTS expansion?

4.6 Potential for displacement by GDF?

4.7 Political climate in country which could affect donor relations?

4.8 Technical Assistance vs. Financial assistance?

4.9 Local presence in country?

4.10 Which authority handles/manages donor assistance?

4.11 Who are the current donors in areas related to TB?

ANNEX 3. CAR RPM PLUS TB PROPOSAL

Background

Tuberculosis remains among the leading causes of infectious deaths in many countries of the world including Central Asian Republics (CAR). Despite significant efforts from donors and international organizations of Central Asian Republics only Kazakhstan has so far achieved notable success in controlling the disease through country-wide implementation of the Directly Observed Treatment Short-course (DOTS) strategy. DOTS implementation in Kazakhstan has been the responsibility of Project HOPE with funds provided by the USAID. Project HOPE is now starting its roll-out program to Turkmenistan, Tajikistan, and Uzbekistan.

One of the prerequisites for successful implementation of DOTS is uninterrupted supply of first-line antituberculosis drugs for treatment courses up to eight months long. In most Central Asian Republics, with the exception of Kazakhstan where the state procures TB drugs centrally, shortages of TB drugs are frequent and serious. Causes include resource constraints, lack of local drug management capacity that results in inefficient and ineffective selection, procurement and distribution, short-term political, managerial, logistic and financial crises. Even where drugs are available, product quality is often a problem.

There is every opportunity for the situation with drug supply to change for the better. The Global Drug Facility (GDF) offers promise in improving TB drug supply situation by providing free first-line drugs. However, the GDF was designed as a “gap filler” to provide temporary assistance to countries that experience difficulties in providing TB drugs for DOTS programs. The GDF was not designed to provide assistance in developing local capacity in TB drug selection, procurement, distribution, and use. It just gives countries and donors time to develop these skills through collaboration with such programs as RPM Plus.

RPM Plus worked in CAR on TB-related issues from 1998-2001 providing assistance ranging from regional training in procurement with the focus on TB drugs for participants from nine NIS countries, to hands-on assistance to the Government of Kazakhstan in developing tender documents for national TB tender, and consulting during the tender adjudication and award. Most recently RPM Plus was part of a team that helped the GDF in assessing the TB drug management situation and identifying intervention needs in Tajikistan.

The following proposal for RPM Plus TB-related activities is based on our understanding of the TB situation in CAR, and discussions with USAID/Almaty and Project HOPE.

The main focus will be on developing a program of interventions to measurably improve TB drug management in Uzbekistan, with a limited assistance to Tajikistan and Turkmenistan.

Overall Strategy

RPM Plus will collaborate with Project HOPE, WHO, CDC and other organizations involved in implementation of DOTS programs in CAR and provide technical leadership in addressing TB drug management issues.

Development of a country program aimed at improving drug availability is best started with an indicator-based assessment where local experts are actively involved in every step, including planning, collecting and analyzing data, and developing interventions. By involving local specialists in this activity, RPM Plus will provide informal training in conducting indicator-based assessment, imparting to them the necessary managerial skills and understanding of the assessment process. This is also a way to create stakeholders among key decision-makers and opinion-leaders.

National and oblasts level experts will then present the assessment findings and possible interventions at the Policy Options Workshop. With leveraging from other projects and donors TB experts from other republics could attend the workshop thus giving it regional significance. It is expected that the main outcome of the workshop will be a realistic workplan for a long-term program aimed at improving TB drug supply for National Tuberculosis Program (NTP).

An example of successful use of this approach is Karaganda Pharmaceutical Sector Assessment of February 2000, and subsequent Policy Options Workshop of May 2000. Both reports are available at the USAID/Almaty.

RPM Plus activities in Central Asian Republics will also include development of local capacity in competitive TB drug procurement and distribution through training and hands-on assistance to state procurement agencies. It is expected that these activities will also contribute to strengthening the role of the GDF in the region.

Activities

1. Develop capacity in inventory management at DOTS pilots (Tajikistan)

The GDF drugs for three DOTS pilot sites to be implemented by Project HOPE will be provided to Tajikistan in late October – November 2001. The GDF survey of the country's TB drug distribution capacity identified gaps in inventory management and reporting capacity. RPM Plus will provide training and hands-on technical assistance to managers of the DOTS pilots stores in inventory management and establishment of reporting system required for monitoring drug use and quantification of future needs. It is advisable that this activity be coordinated with the Project HOPE DOTS training and supply of computers to the DOTS pilot sites.

2. Assist MOH in development of a distribution plan for TB drugs (Uzbekistan)

The TB drugs procured by the Government of Uzbekistan from Germany will arrive in September 2001. According to the agreement between the USAID and the Government of Uzbekistan the drugs will be distributed to DOTS pilots in three oblasts in the Fergana Valley. The MOH will require assistance in developing a distribution plan to ensure an uninterrupted supply of the government TB drugs to the DOTS pilot sites until drugs provided via GDF mechanisms arrive in 2002. The distribution of the government TB drugs will then be redirected to non-DOTS sites.

3. Assist MOH and Project HOPE in applying for the Global Drug Facility (GDF) drugs (Uzbekistan)

Accurate and timely application for the GDF TB drugs will ensure that the drugs are provided to Uzbekistan when they are needed. The GDF drugs will allow Uzbekistan to reallocate available public resources and pharmaceuticals to non-DOTS oblasts, and ensure continuos treatment of TB patients country-wide.

4. Design and plan a TB drug supply indicator-based assessment (Uzbekistan)

An uninterrupted supply of TB drugs is one of prerequisites for successful implementation of a DOTS program. An important component of a drug supply system is the capacity of a national TB program to manage selection, procurement, distribution and use of TB drugs. RPM Plus proposes to use the indicator-based approach to collecting the baseline data, developing interventions, and further monitoring of impacts and TB drug supply system performance. The assessment will develop local capacity in pharmaceutical surveys and create stakeholders.

RPM Plus together with the MOH will develop a plan for the TB drug supply system assessment, discuss and select indicators, identify assessment sites and sources of data collectors, and set timelines.

5. Conduct TB drug supply indicator-based assessment (Uzbekistan)

The role of drug management in control of diseases is quite often underestimated and neglected by health officials. This is especially true in countries where centralized government procurement or generous international donations of TB drugs result in false MOH confidence in availability of these drugs to patients. Experience shows, however, that this is seldom true, and that poor drug management practices, especially in peripheral parts of the health system, lead to subtherapeutic treatment and development of resistant strains. Typical errors include drug selection and procurement mistakes made centrally, incorrect storage, poor coordination of distribution schedules with actual needs in drugs at the facility level, and wrong prescription and dispensing.

An indicator-based assessment focuses on those aspects of a drug management system that are critical to the availability and rational use of TB drugs. The information obtained through such

assessment will provide the basis for policy dialog, strategic planning, stakeholder building and intervention design.

6. Conduct a Policy Options Workshop (Uzbekistan, March 2002)

A forum for policy dialog allows for wide-open discussion of TB drug supply issues between officials, managers, clinicians, and other stakeholders. A policy options workshop is an excellent venue to obtain local political support for program implementation. RPM Plus facilitates local experts taking the lead in discussing TB drug management issues, and in planning short-, medium-, and long-term interventions and mechanisms for monitoring impacts.

7. Participate in the TB Coalition Course in Almaty (Kazakhstan, March 2002)

The TB Coalition (conducted by WHO/KNCV) Course is designed for health specialists involved in implementation of DOTS strategy mainly focusing on diagnostic methods, treatment and monitoring. An uninterrupted supply of TB drugs is one of five principles of DOTS strategy, and requires special attention from managers of DOTS programs. RPM Plus will design and conduct a two-day session at the workshop on TB drug management issues. The session will be based on the RPM-developed modular course Drug Procurement for Tuberculosis, and will cover topics including TB drug procurement strategies, supplier selection and monitoring, principles of contracting, and quality assurance in drug procurement.

8. Training and follow-on TA to develop capacity in centralized TB drug procurement (Turkmenistan)

The government of Turkmenistan has made a decision to initiate TB drug procurement at the central level, and asked for the assistance from a USAID-funded program. RPM Plus has experience of providing assistance in drug procurement worldwide and in the CAR region. The RPM Plus assistance will include training of the MOH procurement board in strategies and methods of TB drug procurement, supplier pre-qualification and performance monitoring, contracting, and quality assurance of procurement process. Training will be followed by hands-on assistance in drug selection for the tender, development of tender documents, drug specifications, and tender announcement.

9. Provide technical assistance in implementation of the Policy Options Workshop decisions (Uzbekistan)

Implementation of interventions aimed at improving TB drug supply system in Uzbekistan may require technical assistance from RPM Plus in all aspects of TB drug management, including drug selection, procurement, distribution, use, and development of support systems (DMIS, human resources, financial mechanisms, etc.)

Expected Outputs and Outcomes

Outputs

- Stock data forms for the GDF drugs in Tajikistan DOTS pilots
- The MOH Uzbekistan distribution plan for the state procured TB drugs
- The MOH Uzbekistan application for the GDF drugs
- Sites and plan for the indicator-based assessment in Uzbekistan
- TB drug management in Uzbekistan assessment report and recommendations
- The MOH Uzbekistan workplan for improving TB drug supply system
- A set of tender documents for centralized TB drug procurement in Turkmenistan
- TB drug management training modules in Russian language adapted for use in CAR

Outcomes

- The GDF drugs will be distributed in accordance with the GDF requirements
- The MOH and oblasts' personnel involved in TB program will have increased capacity in designing, planning, conducting the TB drug management assessments, analyzing data and developing interventions
- Weaknesses of the drug management system identified during the assessment will serve as the basis for potential follow-on technical assistance by RPM Plus
- It is expected that the RPM Plus activities will increase access to TB drugs in pilot sites of the selected countries
- The MOH and National Tuberculosis Program will have a strengthened capacity in TB drug management
- Participants from the WHO TB course will be aware of the issues related to procurement of TB drugs

RPM Plus CAR TB Program Activity Matrix

Act. #	Activity	Collaborators	Travel (Per Diem Days)	Additional Expenses	Total Cost
1.	Develop capacity in inventory management at DOTS pilots (Tajikistan)	Project HOPE WHO	DC-Almaty-Tashkent-Dushanbe-DC (22) Moscow-Almaty-Tashkent-Dushanbe-Moscow (22)		$67,995
2.	Assist MOH in development of a distribution plan for TB drugs (Uzbekistan)				
3.	Assist MOH and Project HOPE in applying for the Global Drug Facility (GDF) drugs (Uzbekistan)				
4.	Design and plan a TB drug supply indicator-based assessment (Uzbekistan)				
5.	Conduct TB drug supply indicator-based assessment (Uzbekistan)	Project HOPE	(2) DC-Tashkent- DC (16) Moscow-Tashkent-Moscow (16)	Report production	$82,052
6.	Conduct a Policy Options Workshop (Uzbekistan)	Project HOPE WHO, KNCV	DC-Tashkent-Almaty-DC (8) Moscow-Tashkent-Almaty-Moscow (8)	Workshop for 25 participants Materials	$63,559
7.	Participate in the TB Coalition Course in Almaty (Kazakhstan)				
8.	Training and follow-on TA to develop capacity in centralized TB drug procurement (Turkmenistan)		2 DC-Ashgabad (8)	translator	$37,043
9.	Provide technical assistance in implementation of the Policy Options Workshop decisions (Uzbekistan)		DC-Tashkent- DC (8) Moscow-Tashkent-Moscow (8)		$28,193
	Grand Total Cost				**$278,843**

RPM Plus CAR TB Program

		4TH Quarter 2001			1ST Quarter 2002			2ND Quarter 2002		
Activity	**9/01**	**10/01**	**11/01**	**12/01**	**1/02**	**2/02**	**3/02**	**4/02**	**5/02**	**6/02**
1. Develop capacity in inventory management at DOTS pilots (Tajikistan)	®	**X**								
2. Assist MOH in development of a distribution plan for TB drugs (Uzbekistan)	®	**X**								
3. Assist MOH and Project HOPE in applying for the Global Drug Facility (GDF) drugs (Uzbekistan)	®	**X**								
4. Design and plan a TB drug supply indicator-based assessment (Uzbekistan)	®	**X**								
5. Conduct TB drug supply indicator-based assessment (Uzbekistan)			®	**X**						
6. Conduct a Policy Options Workshop (Uzbekistan)					®	®	**X**			
7. Participate in the TB Coalition Course in Almaty (Kazakhstan)							**X**			
8. Training and follow-on TA to develop capacity in centralized TB drug procurement (Turkmenistan)			**X**							
9. Provide technical assistance in implementation of the Policy Options Workshop decisions (Uzbekistan)								®	®	**X**